

AO435 (Rev. 04/18; WDVA Rev. 02/19)		ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS		FOR COURT USE ONLY	
TRANSCRIPT ORDER FORM				DUE DATE:	
Please Read Instructions on Page 2.					
1. REQUESTOR'S INFORMATION:		NAME James E. Kolenich/Kolenich Law Office		TELEPHONE NUMBER 513-444-2150	
DATE OF REQUEST 12/18/2020		EMAIL ADDRESS (<i>Transcript will be emailed to this address.</i>) JEK318@GMAIL.COM			
MAILING ADDRESS 9435 Waterstone Blvd. #140				CITY, STATE, ZIP CODE Cincinnati, OH 45249	
2. TRANSCRIPT REQUESTED:		NAME OF COURT REPORTER Mary Butenschoen OR CHECK HERE <input type="checkbox"/> IF HEARING WAS RECORDED BY FTR			
CASE NUMBER 3:17-cv-00072		CASE NAME Sines, et al. v. Kessler, et al.		JUDGE'S NAME Norman K. Moon	
DATE(S) OF PROCEEDING(S) 12/17/2020		TYPE OF PROCEEDING(S) Motion Hearing		LOCATION OF PROCEEDING Charlottesville, VA	
REQUEST IS FOR: (<i>Select one</i>) <input checked="" type="checkbox"/> FULL PROCEEDING OR <input type="checkbox"/> SPECIFIC PORTION(S) (<i>Must specify below</i>) SPECIFIC PORTION(S) REQUESTED (<i>If applicable</i>):					
3. SERVICE TURNAROUND CATEGORY REQUESTED: (<i>See Page 2 for descriptions of each service turnaround category.</i>)					
<input type="checkbox"/> Ordinary (30-Day)			<input type="checkbox"/> Daily		
<input type="checkbox"/> 14-Day			<input type="checkbox"/> Hourly		
<input checked="" type="checkbox"/> Expedited (7-Day)			<input type="checkbox"/> RealTime		
<input type="checkbox"/> 3-Day					
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).					
DATE 12/18/2020		SIGNATURE /s/ James E. Kolenich			

If you have any questions, please contact the court reporter coordinator at (434) 847-5722 or by email to CRC@vawd.uscourts.gov.

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